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IN PRACTICE.

A REPORT OF THE CONDITION OF THE
"BOARDED-OUT" INSANE IN
MASSACHUSETTS.

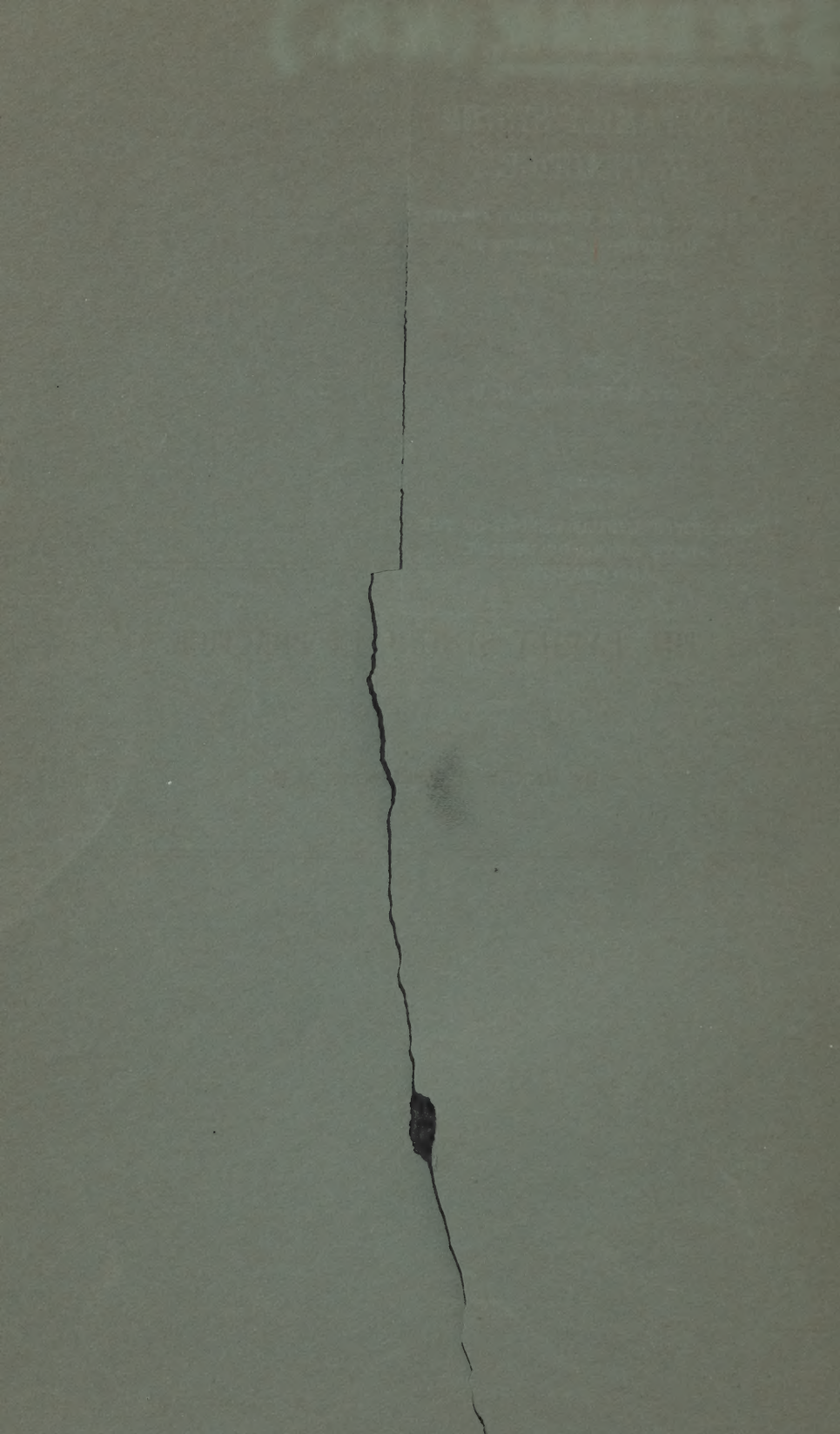
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By HENRY R. STEDMAN, M.D.

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A REPORT OF THE CONDITION
OF THE
"BOARDED-OUT INSANE" IN MASSACHUSETTS.

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In this paper is presented, as the result of my personal inspection of the "boarded-out" insane under the supervision of the State Board of Lunacy and Charity, an account of the condition and care of these patients, and the character of their surroundings in the different families to which they are assigned. As the mere record of a single tour of inspection, however detailed, would leave untouched many important questions relative to this method of caring for the insane, I have added a consideration of other influences which affect, favorably or adversely, the successful operation of this system in Massachusetts. Recommendations, made with a view to securing the full advantages of the system and giving it a thorough trial, are also offered, in order that the welfare may thereby be promoted, so far as is compatible with the best interests of the State, of all patients who are suitable cases for such care. The experience of other countries in this direction is purposely not considered in this paper, and theoretical views are largely avoided.* The observations and conclusions reached are drawn, with the exception of certain statistics, solely from personal investigation, on the spot, of the operation of this system in Massachusetts after a trial of more than three years. Among the number of patients whose condition is to be reported upon are not included a group previously visited, as a matter of personal interest, in Tewksbury, who have since been returned, together with thirty others, to the insane department of the Tewksbury Almshouse, as patients who did not properly come

* In a contribution to the Report of the Board of Health, Lunacy and Charity for 1884, entitled "The Family System as an Accessory Provision for Our Insane Poor," the subject is treated from this standpoint.

under the laws regarding "boarded-out" patients. They were situated, in all essential respects, like the mass of their fellow-patients under this system elsewhere in the State, except for the legal question which finally led to their removal to their old quarters. The chief bearing that this visit has upon the present report is the slight but unavoidable influence of the few additional facts and impressions there received. The statement is also in place here that, throughout this subsequent inspection, made at the request of the Board of Lunacy and Charity, there has been the same endeavor to reach unbiased conclusions that led me to undertake the unauthorized and unsuggested visit to the Tewksbury patients. As an indispensable requisite in reaching accurate conclusions is an unprejudiced point of view on the part of the inquirer, it should be mentioned that these visits were made with many misgivings as to the result of the investigation, for, although I had advocated its adoption in this State, although, in many particulars, its requirements had apparently been fully met, and although under lay direction much had been accomplished in spite of the many difficulties incident to a new undertaking of this nature, the absence of regular expert medical inspection was believed to be a serious obstacle to its full success. In short, belief in the practicability of the system itself was counterbalanced as a prejudicing element in the present inquiry by the fear lest its success might have been imperilled through this deficiency. In what follows I hope to show how far these opinions have been modified or confirmed by actual observation. It should also be added that, while recognizing the value of a natural life for these patients under domestic, individualized, non-official care, the advantages have also been kept in mind of the routine life and regular habits inseparable from institutional care, which, however, is necessarily largely of an artificial nature.

Method of investigation. — With a view to obtaining the most accurate and thorough knowledge of the condition of these patients, the following method of investigation was pursued: Each patient was visited and examined in the

dwelling to which he or she had been assigned by the Inspector of Charities. The visits were all made without the previous knowledge of the householders or patients. This was everywhere apparent in circumstances too numerous to mention. On reaching the house, the couple who had charge of the patients were first questioned on the following points :—

1. Number and names of patients.
2. Duration of residence, and age of each patient.
3. Previous experience of guardians among the insane.
4. The physical health of the patients, and their mental state with an account of any morbid propensities.
5. Nature of the diet.
6. How far the patients were received into the family. Whether they took their meals with the family.
7. Facts as to bathing and general cleanliness.
8. Information as to the amount of profit from the board of the patients paid by the State.
9. Amount and kind of work done by them.
10. Facts as to visits of friends and officials, also physician's visits in case of sickness.
11. Frequency of elopement of patients.

An examination was then made of the probable warmth of the house in winter, the state of the bedding, arrangement of rooms and so far as possible of the food given them. Notes were made upon the general appearance of the surroundings as to cleanliness and upon the character of the guardians. Each patient was then examined by himself, entirely apart from any other member of the household and the facts ascertained, so far as possible, on the following points :—

1. Mental state.
2. Physical condition.
3. State of clothing and cleanliness.
4. Contentment — Whether they preferred their present to an asylum life.
5. Opinion as to food, warmth and other comforts.
6. Evidences of abuse or neglect on the part of guardians.

This course of inquiry was thought to be best calculated to reveal the actual facts as to the care and condition of these patients.

Number and localities of families.—The number of “boarded-out” insane on Nov. 3d, was 66.* Of these 21 were men and 45 were women. They were taken from Danvers, Worcester, Northampton and Taunton Lunatic Hospitals, the State Almshouse and State Farm.

The patients are widely scattered throughout the State, and in the different localities where they are “boarded out.” They are grouped about the different State institutions mentioned. This arrangement certainly facilitates the removal of such patients to and from the asylum in case of placing them in families or of removing them therefrom should their condition require it. The inspector also may save time by combining his official visits to the hospitals with those to the “boarded-out” patients in the neighborhood. On the other hand, if the chief responsible agent can be brought into closer communication with his charges without detriment to their comfort or that of the community, much would be gained. As to individual houses, many are widely separated, occasionally two or three miles apart, and in some cases this separation is needless, owing to the number of probably desirable houses where patients are wanted in the intervening distance. This criticism is, however, only one of the degree of separation that should be practised, as a too close grouping would make an undesirable aggregation, which would be at variance with one of the main objects of the system.

Selection of patients.—The patients have been selected, it is almost needless to say, from the harmless, chronic demented class which forms so large a part of the population of our asylums. The selection has been very largely from the State patients. Of the insane who are supported at the Lunatic Hospitals by the cities and towns, and comprise the

* This is not the average number by 43—the number of patients transferred from homes to the State Almshouse as illegally “boarded-out.”

bulk of the inmates, there were found but eight boarded out, while there were nine private patients, a class which is by far the smallest of the three. Considering, therefore, the limited number to draw from, the reasons for which will be given later, it is a matter of surprise that the number of boarded-out patients should have reached 125, its highest mark, during 1888.

Cases improperly selected.— The number of cases found who had been selected improperly in the above respects was five. One was a woman with delusions of persecution, who was greatly excited at times, and destroyed her bed frequently, and occasionally wandered away. Another was profane and occasionally somewhat violent, in an excellent family where there were children. The remaining three were men, of whom one was a tramp with a criminal record, who was of the imbecile order, one an old man who destroyed his clothing and wandered about in inclement weather, and the last a feeble creature who neglected himself, was improperly cared for and frequently ran away. They had remained in these families 2 years, 5 months, 7 months, 21 months and 3 years respectively.

As nearly every degree of thrift and improvidence short of prosperity and destitution was found in these homes, and as the comfort of the patients varied considerably, but not in direct proportion to the state of their surroundings in many respects, it will facilitate description to arrange these dwellings and their inmates in four groups :—

1. Homes in which the surroundings were unexceptionable as to the housekeeping, the family in charge and the comfort and contentment of the patients.

These numbered seven dwellings, in which there were ten patients. The houses were clean, commodious, and kept in a neat and orderly fashion. The patients' bedding was ample and comfortable, even spring beds being provided for them in two of the houses. Separate bed-rooms were given them, and there was usually some means of heating these

rooms in the winter. The diet was of good quality and quantity; meat, fish, eggs and milk forming a generous part of the weekly fare. The patients were in excellent bodily condition. Their clothing was whole, but shabby and patched, in the case of the men, although in two or three instances they had other clothing for Sunday. In nearly every case they were received as members of the family, sat at the same table and occupied the same living rooms. The interest in them on the part of the guardians was unmistakable, amounting, in some cases, to actual personal regard. The contentment was evident, and all who could give relevant answers spoke of their pleasure at their situation and their desire to remain where they were, with the exception of one who wished to return to the asylum on the ground that poison was being put into his arms by imaginary persecutors, a delusion which he had had for many years and which was not affected by any surroundings. None of these patients had run away, with the exception of one woman, who wandered off a short distance on two or three occasions to find an imaginary relative. Most of them assisted in the work, usually doing a little every day. The men helping in the care of the horses or cattle, chopping wood, and doing various light chores. The women, knitting, mending, etc. There was no evidence of overwork or the imposition of drudgery. On the other hand, indications in some cases were not wanting, of efforts to awaken their interest and to stimulate their sluggishness of mind and body.

2. Homes reasonably well kept, in which the patients' comfort and content was evident, and where they appeared to be more favorably situated in many respects than when in the asylums or, probably, in their own homes.

The dwellings comprised in this group belong to a less well-to-do class, although several of them fall little short of the merits of that just described, while, on the other hand, a few approach the third class to be described. Here there are twenty-four patients in thirteen homes, and as the majority

of patients come into this category their situation and condition will be given in more detail. In six of the thirteen houses general disorder and untidiness was apparent on crossing the threshold, and primitive appliances and domestic arrangements spoke either of unthriftiness, or of scanty means, or both. The clothing of the men was very poor, the bed-rooms seemed to be rather too cold for the winter, and bathing appliances were unknown, but here unfavorable comparison ends. These insane persons appeared to receive at least all the comforts that the families themselves are accustomed to have, and an amount of consideration hardly to be expected. The large majority of the housewives who are the care-takers, and practically the sole guardians of the patients, are, as a rule, patient, discriminating and kindly, and in but two cases did they give the impression of taking these patients on sufferance. They seemed also anxious to retain them, and more than one showed annoyance at being unable to have made comfortable certain patients who required to be removed to an asylum solely because of their unfitness for "boarding-out" care. In but few cases were they denied the freedom of the houses, but were accustomed to use freely the day-room occupied by the family, which is often the kitchen, as most comfortable. The men, apparently, took little part in the actual care of the patients, the wife alone attending to their wants. The patients were all evidently well fed. Among the few complaints made, that of poor food found no place. The physical condition of the patients was usually sufficient testimony on this point without an inspection of the larder. The bedding usually consisted of a feather bed and mattress, with ample coverings, and sometimes only a well-filled straw bed. In but one house did the beds seem uncomfortable. Cases of sickness were very rare among them, so far as could be learned from their testimony and that of the guardians. While the bodily comfort of the patient is quite readily appreciated, the amount of contentment is less easily estimated. Owing to their demented state, many of them, as

might be expected, are apparently unable to appreciate any difference, either for better or worse, between their present and their former surroundings, and although they seem to be sufficiently pleased with their homes, their own testimony cannot, therefore, be taken as reliable. Some do not reply coherently to any inquiries, and a few make no answer at all. While one has extravagantly delusional ideas of his former experience in the hospital, another may be equally convinced that he is unlawfully kept from his proper mission in the institution he has left. Two conflicting examples of this kind were represented in one household. A dozen patients, out of the twenty in this group who were examined as described above, gave reliable answers, and, with the exception of one, who wished to return to the asylum for the winter, preferred to remain where they were. Throughout all the attempts at explaining their feeling on this point the sense of greater liberty and independence seemed to be the prevailing idea. A few are taken to church by their guardians, and not unfrequently to drive. Many are sent on errands, etc. It was reported that the growth of interest among them in the family concerns was evident in many cases. This, of course, could not be substantiated, except in two cases, former patients of mine in the Danvers Lunatic Hospital, in whom the description given of their condition on arriving at the house tallied with my remembrance of them while at the hospital, and in whom the change in this respect was noticeable. Those families in which there were young children afforded the best examples of contentment and awakened interest on the part of the patients, as shown in the fondness of the children for them and their solicitude in return. In two of these houses the patients take their meals apart from the family. But one of the examples given of improperly selected cases belongs to this group. Very few of the State patients have relatives. Some of the fortunate ones in this respect, whether State, town or private, were occasionally visited and often written to by them. The latter were reported to be pleased with this

arrangement for their insane relatives and their addresses were, in several cases, given for corroboration of these statements. As lack of opportunity has prevented proper inquiry on this point nothing more definite was learned. The official visits of inspection had been frequent and in excess of the regular visits required by law every three months.

3. Homes more or less squalid and scantily furnished, in which, nevertheless, the patients showed little indication of a lack of personal attention and were plainly content with their surroundings.

These houses were two in number and contained six patients. With regard to the houses in this group it is needless to say more than that they were shabby, forlorn and not clean, the floors carpetless and the general aspect particularly dismal. In one of the two families, however, there were five patients who could give a fair account of their treatment, and they, to my surprise, were more decided in their desire to remain where they were, and in their preference for their present lot to that of institution life, than the bulk of patients examined. They seemed attached to the housewife. They were well fed, and obliged to bathe regularly each week. The house was reported by them to be kept sufficiently warm. The other house of a similar description had been left, at the time of my visit, to the care of two patients, one of whom has since been returned to Tewksbury. One patient, a young woman, gave entirely rational answers to all questions touching her history and mental state, although a complete examination of the latter was, at the time, impossible. She was cheerful and in good condition and had charge of the baby. In this group was one of the improperly selected cases.

This fact of evident contentment and comfort among wretched surroundings was apparently due in great measure to the fact that the housewife confined her interest and care-taking to the patients rather than to the state of the house, which was considered a non-essential. Patients in such surroundings, whatever their predilections, should be removed

to houses of a better class, if reform in the state of affairs is impossible.

4. Dwellings in which the surroundings were extremely poor, and afforded no comfort to the patients, who were also neglected by those in charge and in poor condition.

These were fortunately but two in number and contained four patients. It was here that the majority of the improperly selected cases mentioned were found. The question immediately arises whether their present situation and not the nature of their insanity might account for the wretched state in which they were found. It would be, however, unfair to attribute their condition largely to their surroundings, as they were, obviously, unfit cases for "boarding-out" care. Their associates who were suitable cases for family care showed the same neglect on the part of their guardians. In one house the patients were kept in a small L, separated from the rest of the house by a wood shed. There was no furniture to speak of, and the beds, which were untidy in the extreme, were made up carelessly on the floor when not destroyed by one of the patients who had attacks of excitement. They were reported by the guardian to wander away not infrequently. There appeared to be little solicitude felt by their guardians, who evidently regarded them as a necessary burden. In the second house was a small, thin man of the imbecile type, in delicate health, extremely dirty. His clothing was of the poorest, shabbiest description, and his long nails and generally uncared-for condition spoke of unpardonable neglect. When asked details as to his cleanliness and bathing the only statement made by the man in charge was that they "took him down to the brook once last summer and put him in." He was offensive to them chiefly in ways which a little care might have improved. The other patient was a worker, an inoffensive man who had little to say. He was very dirty and poorly clad and seemed to be under-fed. It may be said with no exaggeration that one or two neglected cases of

the latter type make a more powerful impression upon the observer than a dozen of the better class. Just as one example of ill-usage in a lunatic hospital throws into the shade for a time the numerous beneficial results of well-directed care.

Apart from these groups was one woman in her home, but still under the supervision of your Board. She was living apparently in bodily comfort, but more or less influenced by delusions as to her husband's identity and his treatment of her, as well as other delusional ideas. Her home seemed less comfortable than the majority of the houses visited.

Former attendants as guardians. — Among the points not confined to any particular class is the former experience of the guardians as affecting the care of the patients. In five of the families, one of the guardians, at least, had had experience as an attendant among the insane at a hospital and four in almshouses. Although in some of these families the advantage of training of the kind learned at the asylums appeared to some extent, many of the housewives who had had no experience of the sort proved quite as competent and rather more interested in their charges. With notable exceptions, those who had lived in institutions, having had less domestic experience, made rather too plainly evident the official nature of their relations, and restricted their intercourse with their patients; unnecessarily so, viewed from the standpoint of the practice and general sentiment in the families on this point. For example, while the large majority of them take their meals with the patients, in certain cases to the decided improvement in the habits of the latter, it is apt to be among the "experienced" guardians that, as one of them (who, by the way, had patients who were inoffensive in this respect) remarked, they "will not have them come to their table at any price."

Proportion of foreign-born patients. — The proportion of foreign-born patients,—more than one-half,—who are willingly cared for as stated, indicates either a remarkable sacrifice of

prejudice on the part of many of the guardians, or its repression for the sake of the consideration of the pecuniary profit from the allowance, \$3.25 a week, or perhaps both, in part.

Amount of work done by patients. — It was impossible to acquire any information of value as to the actual amount of work done by these patients during a single visit of inspection. The impression left as the result of close inquiry was that the amount done was comparatively slight. In two of the houses, however, it was impossible to avoid the suspicion that additional profit was made from the labor of the patients by obliging them to assist in other than the household or farm work of the family. But objectionable as this might be, evidences that the labor required was pushed to the extent of drudgery or overwork were wanting.

Young women unsuitable cases for care in families. — A number of young women were found who, although in other respects most suitable for such care, were, from their youth and feeble-minded condition, likely to be taken advantage of, and on that account should have the closer protection that institutional supervision affords.

Summary. — To summarize our observations, then, these patients were generally found to be comfortable and contented and in good bodily condition in the houses visited. Except in the instances mentioned, no evidence of undue neglect was found, and no case of abuse or injury could be detected on the closest inquiry possible under the circumstances. The supply of food of good quality was abundant. The bedding was everywhere sufficient. The guardians of these insane, i.e., the housewives, impressed one as, without doubt, desirable persons for this work in the great majority of the families. Their character, capabilities and interest in their charges were, so far as could be judged in a single visit, all that could be required. The defects that were most apparent were the poor state of the clothing worn by the men, and, to a less extent, by the women. In this respect there was generally a noticeable difference between them and the rest of the household. A few minor discomforts

were shared by sane and insane alike. The houses themselves, as a rule, afford less proportionate comfort than the personal care on the part of the guardians, and it seemed probable that more homes of the first group above described might be found among the number of families said to desire patients. Moreover, a number of the more desirable class were without a fair complement of patients, while poorer houses had the full number allowed. Those insane were relatively least comfortable who were in the least accessible part of the State and among the least prosperous families. Here also the patients ran away rather more than elsewhere. There were several instances of patients being given repeated trials in different houses, whose propensities made them evidently unfit for such care; also originally unsuitable cases left too long out of the asylum and occasionally not in the best hands. There seemed also to be a lack of definite instruction as to the duties of the guardian toward the patient, which was fortunately in many cases made good by their common-sense and sympathy. In spite of these defects, the well-being of the mass of the patients, in the cardinal points of care as above described, appeared to be in advance of what they would receive in a lunatic hospital, and immeasurably superior to the condition of many similar cases now in town poor-houses throughout the State.

Facts as to improvement in the condition of the patients. — Among the facts which bear more directly upon the general results of this method in practice is the amount of improvement recorded. This can best be ascertained by a glance at the following statistics: —

STATE AND TOWN PATIENTS SUPPORTED BY RELATIVES OR BY THEIR OWN LABOR, FROM OCT. 1ST, 1887, TO OCT. 1ST, 1888.

Self-supporting.

D. R., 1 year.	F. K., 99 days.
B. C., 307 days.	E. F., 77 "
E. C., 243 "	D. M., 48 "
M. M., 194 "	S. M., 25 "
M. M., 122 "	H. B., 17 "
C. L., 170 "	M. W., 55 "
J. J. J., 122 days.	

Supported by Relatives.

C. S.,	1 year.	S. H.,	93 days.
A. W.,	319 days.	R. P.,	44 "
V. D.,	315 "	J. R. S.,	41 "
W. L.,	183 "	E. H.,	360 "
C. L.,		183 days.	

How the guardians find profit in the arrangement.—These details lead naturally to the economic aspect of the subject. Let us first consider the direct pecuniary profit to the guardians. The man or men of the family are, for the most part, farmers of small means, who raise vegetables, eggs, milk, etc., and make butter, which they usually exchange for flour and other groceries and meat. The patients, however, as one farmer expressed it, create a home market for much of their produce, which, for various reasons, they had been unable to sell, and which their own family did not require. The knowledge that they have more to provide for also stimulates them to raise larger quantities, in which they are, in some cases, helped by the labor of the patients. Thus, without additional outlay of money, they are able to furnish an abundant supply of food for their larger households, and to save out of the allowance of \$3.25 a week a sufficient sum as an incentive to proper care of their charges.

Considerations of the expense of these charges to the State.—The economic question of vital interest, however, is the public expense of this provision as compared with asylum and almshouse care.

Insane in Families who remained under State Supervision during Year ending Oct. 1st, 1888.

Average of State cases,	93.3
Average of Town cases,	10.7
	<hr/>
	104.0
Cost to the State, board,	\$14,222 47
Cost to the Towns, board,	1,422 33
Clothing and medical attendance,	693 49

Removal and return,	\$208 69
Visitation (approximately),	600 00
Total cost,	<hr/> \$17,146 98
Average yearly cost per capita,	\$164 87
Average weekly cost per capita,	3 17
Average weekly cost per capita, including private patients,	2 92

Comparative weekly cost per capita of different means of providing for Insane during Year ending Oct. 1st, 1888.

<i>For all classes of Insane.*</i>	<i>For Chronic Insane.*</i>
Northampton Lunatic Hospital, \$3 39	Worcester Insane Asylum, \$3 12
Worcester Lunatic Hospital, 3 79	State Farm, 2 23
Taunton " " 3 52	State Almshouse, 2 23
Danvers " " 3 91	In Families, 2 92
Westboro' " " 4 79½	

Explanation of statistics as to economy of the method.
 — The above statistics require explanation. The total expense incurred by the State for the visitation and inspection of the insane in families cannot be given accurately, as there is no separate statement of this item in the account rendered of the general expense for visitation and inspection of all the insane. Accordingly, the amount has been roughly estimated, by the best judges, after careful calculation, at \$600 or a little more than \$5 per patient, as nearest the actual expense. No account, however, is taken of minor expenses incurred in the way of correspondence and other clerical work. The difference between the average weekly per capita cost of these patients, \$2.92, and the amount allowed by the State, \$3.25, is due to the number of patients in the list just given who were self-supporting or were supported by relatives for varying portions of the year, but who were still visited and inspected and under the general oversight of the Board until discharged from its supervision or returned to families. Although these patients are nominally similar, in this respect, to those who are allowed to leave the hospitals

* The figures are taken from the Financial Statements of the different Institutions for 1888.

on "trial visits," they come of a class who were not allowed that liberty while in the institutions, and, what is more to the point, they continue, as "boarded-out" patients, to remain under the supervision of the Board, while all public care ceases when hospital patients are even temporarily absent. These patients can also be legitimately compared to those chronic patients in the hospitals who require little care, and contribute not a little (by the fact of not needing special accommodations and by assisting largely in the work) toward lessening the average expense. The private patients (the average number of whom was nine) have been included in the comparative statement of expense, as the same reason for including them in computing hospital averages seemed to hold good in the case of this department, where they are also under supervision by the State authorities, but of a different form. On the other hand, it must be remembered that a little less than one-half of these patients were taken from the State Almshouse, where the rate is considerably less than in the hospitals, as appears above.

Private patients of proper class and small means as objects of this provision.—The relatively large number of private patients seems to point to the possibility of utilizing this system largely in this direction throughout the State. The lack of separate and suitable provision for patients of this class who are able to pay, but whose means are quite limited, is well known as a crying need in the Commonwealth. Does not a family system meet these demands so far as the quiet chronic class is concerned? The houses in which most of the private patients were quartered, and the care they received, are facts which, to my mind, instantly answer this question in the affirmative. Should this be found to be practicable, a slight charge in the rate for supervising such patients, above that allowed for pauper lunatics, would do much to diminish the cost to the State of this department.

Obstacles to success of the system.—Turning now from the favorable aspect of the situation, let us consider

the obstacles to the success of the system. It may be said at once that the great impediment is the unwillingness of the overseers of the poor in the towns to co-operate. Although families may be found where, for different reasons, a lower rate might be required than the towns are paying for their charges at the hospitals, it is argued that if they are able to live in families they can just as well go to the town almshouse where the expense would be much less. Considering that the wretched state of the insane in many of our town almshouses is notorious, that the comfort of the insane in lunatic hospitals is, as a rule, directly proportionate to the amount of overcrowding (which even now is considerable), the picture is certainly a forbidding one. Supposing, however, that aroused public sentiment, revised legislation, and other means, if employed, should fail to relieve the asylums of their surplus of chronic insane of this class who are now removed from time to time to town almshouses, it is an open question whether a very gradual "boarding out" from State, town and private patients, even at the present rate of accumulation (125 in about three years), is not a reason for the continuance of the system, if its operation be successful in other respects, until the numerical limit of an asylum population is reached.

In order to secure the full and permanent efficiency of the system, a revision of the laws regarding this class is essential. I therefore offer the following

Suggestions for complete efficiency of the system in Massachusetts.—(a) An amendment of the statutes whereby all State patients who are insane, and who are suitable cases for care in families shall be allowed the privilege of such provision. (b) Legislation directed toward the removal of any insane persons in city or town almshouses who are abused, neglected or otherwise improperly cared for, and their disposal in families under supervision of the State Board of Lunacy and Charity, provided they are suitable cases for such care. (c) An amendment of section 3, chapter 385 of the General Statutes, to the effect that the condition of the patients in families shall be inspected at least once in six months by a

medical man practised in the care and treatment of the insane ; also that the number of patients in one family shall not exceed four.

As minor improvements within the immediate control of the State Board of Lunacy and Charity I would offer the following

Recommendations.

1. That the most accessible groups of the insane in families should be the first to be developed where practicable.

2. That the number of patients in any house should be regulated by the standard of care maintained, the best families in this respect being allowed the full complement where accommodations warrant it.

3. That all young women of the imbecile or weak-minded type now living in these families be gradually replaced by men or older women from asylums.

4. That there be placed in each house a visiting-book prescribed by the State Board, which shall contain general instructions as to the care of such patients, in which a report of the condition of each patient, together with any suggestions deemed necessary, shall be entered at each visit of inspection.

5. That extended publicity be given to the advantages of this provision for patients of the private class, of moderate means, through the facilities of the Board for selecting suitable homes.

CONCLUSIONS.

1. The defects in the operation of this means of provision for the chronic insane in Massachusetts have been largely due to the difficulties inseparable from the introduction of any new and extended system of public charity.

2. As regards good guardianship and care, a more natural life, increased comfort to the insane who enjoy its privileges, and economy to the State, this method of caring for the insane has been in the main a successful provision but for a relatively small number of patients. Until, how-

ever, it has stood a longer test, it cannot be said to have passed the experimental stage, and only when it has become a thoroughly organized institution with fully developed resources can it be pronounced an established success.

3. As a means of relief to the lunatic hospitals from overcrowding the value of this method is at present inconsiderable.

4. Under the present restrictions it serves as a useful, humane and economical accessory provision for the insane, which may ultimately take rank with the Lunatic Hospitals, in point of numbers cared for, thereby precluding the necessity of constructing other accommodations for the insane.

5. Should the town authorities generally throughout the State consent to the transfer to family care of their charges in the lunatic hospitals, who are suitable cases for such outside care, the family system, rightly conducted, cannot fail to be a valuable means of delaying the over-accumulation of the insane in the hospitals.

